

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		2					64						
15		2					65						
16		2					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23	/						73						
24	/						74						
25							75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36	/						86						
37	/	/					87						
38	/	/					88						
39	/	/					89						
40		2					90						
41		2					91						
42	/						92						
43		/					93						
44	/						94						
45		/					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	44						TOTAL DEP.						
TOTAL CLAIMS	50						TOTAL CLAIMS						

BEST AVAILABLE COPY